



Volunteer Release Agreement Elliott Acres Therapy Riding, Inc.

Name _____ E-Mail _____

Address _____

Home Phone _____ Cell _____ Age _____

ELLIOTT ACRES THERAPY
RIDING, INC
168 Headland Road
Butler PA 16002
Phone: 724-283-0947
E-mail:
dechorsesr1@gmail.com

Board of Directors

President: Deb Campbell
Vice-President: Nikkilynn Walbert
Secretary: Megan Wilbert
Treasurer: Janet Edinger

Mission Statement:

EATR aims to enhance the physical, mental, and emotional status of our riders by teaching basic horsemanship principles that aid in improving our riders' movement, concentration, self esteem, socialization and communication

Non-Profit 501 C 3



North American Riding for
the Handicapped Center



Pennsylvania Council on
Therapeutic Horsemanship Center

Liability Release

The undersigned, in consideration of the agreement of Elliott Acres Therapy Riding, Inc. To provide assistance for therapeutic riding instruction, do/does hereby forever release, acquit, discharge and hold harmless Elliott Acres Therapy Riding, Inc., Its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands and damage or every kind and nature whatsoever which the undersigned or said minor may now or in the future have against Elliott Acres Therapy Riding, Inc., its officers, trustees, agents, employees, and representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person and acts of Elliott Acres Therapy Riding, Inc., its officers, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence, in referring the services above described or in any way incidental thereto.

Days and time I am available to help

Date _____ Signature _____

Parent if under 18 _____

Volunteers must be 14 years old per NARHA.

Junior Volunteers 11-13 must be accompanied by an adult